

MINUTES  
Stakeholder Conference Call  
April 7, 2006

Attendees: Stakeholders, Regional Community Services Staff, HarmonyIS Milestone Oversight team, HealthCarePerspective LLC team, Mrs. McIntosh-Wilson, and Fordyce Mitchel

1. Many thanks to the agencies which, after the last conference call, went to the website and looked at the CSR Error Message Survey, and then wrote us to confirm they had seen it and it looked sufficient. Based on this we can move forward with that phase of development.
2. We are at the stage of fleshing out the design of application forms and mechanics, and of the financial part of the system. The concept design is solid, as was developed in JAD sessions, but there are a myriad of details to work out. FOR AN EXAMPLE:
  - a. We are working out an automated application process, where the case manager can submit information electronically to get a person on the waiting list. The person's eligibility will be determined electronically and instantly, and the criticality summary will be scored instantly. An electronic application will, simultaneously appear on two computers at the community service office. One will be the waiting list manager's computer, and the other will be a back-up to the waiting list manager.
  - b. When the waiting list manager has reviewed the electronic information, she can approve, suspend or deny the application. Suspending the application will cause a question or questions to appear on the case manager's computer (and a backup person can be designated, such as a supervisor). Copies of the Psychological Evaluation and the ICAP Compuscore will not need to be routinely forwarded unless requested by the Community Service Office.
  - c. When the waiting list manager approves the application, the person will automatically be ranked within the waiting list. A report will appear on the case manager's desktop.
  - d. Conceivably, from the time a case manager enters the application data to the point of ranking on the waiting list, no more than 20 minutes will be required. We are designing the waiver enrollment process to be nearly as quick and paperless.
  - e. Other efforts that are underway involve what current data can be uploaded into MRSIS, rather than having to be entered by hand. There is not much, and what we have needs to be "scrubbed" to make it uniform. Most of this data is in the waiting list database.
  - f. Another effort is to define what data elements we need to set up contractors and subcontractors in MRSIS. Recognizing that we need to incorporate the certification process into MRSIS, we are trying to identify all that we need to know in order to get providers set up.

3. The MR Subcommittee discussed MRSIS almost exclusively this last Tuesday and in general seemed to be able to get their questions answered. We intend to post the minutes of that meeting on our website when completed. It focused on the issues of concern that had been submitted to the Division from the committee. Those are already posted on the web-site.
4. A concern that keeps surfacing is the need for a prior authorization for ineligibles that are being funded by local funds only. If you are not funding these services with state or federal match then there is no need for a prior authorization. That is your funding and that is what you do with it. If the person is receiving services we'll want to know about them in MRSIS but we will not require a prior authorization.
5. The issue of span billing has been discussed in a meeting two weeks ago with providers and also came up in the Sub-Committee meeting. Span billing is where you bill from the beginning of the month to the end of the month and the month is considered a period of time. You can do this all in one line and it's very easy. Harmony can in fact operate that way and we intend to let Harmony match up with EDS. If EDS does not impose this edit then Harmony will not impose this edit. This may change with the new EDS system. Federal requirements say that you are to be able to associate a specific day of service with a unit of service. EDS has allowed span billing without a continuous day edit and probably will not impose this edit until they have fully implemented the new system.
6. Early Intervention Case Management is not going to go through MRSIS. Early Intervention services in general will not go through MRSIS it is a separate system.
7. A survey regarding Infrastructure has been sent out via e-mail and is posted on the web. Please complete this survey and return to Daphne Rosalis.
8. Questions and Answers:
  - Previous to today the decision was made that if an ineligible was being funded by local match funds only there would be no need for that person to be entered into MRSIS or for a prior authorization. Today, you said you would want the person in the system but without the need for a prior authorization. Is this the decision now that the person will need to be entered into MRSIS?
  - How will we be paid in the new system? A couple of times a month? It may create a cash flow problem for some providers depending on when they get paid.
  - We will get the 1/12<sup>th</sup> payment in the months of October, November, and December. In January we will be billing for January services so if we bill in January we should get a check two weeks into January.
  - I understand there is not going to be a total contract amount this year, could you talk about the timing of knowing about amounts for budgeting purposes. Also, you mentioned absentee days, I'm not sure if we are going to go about the budgeting process the same. Could you talk about this more?

- If a person is living in a three person home and his/her absentee rate is much greater than the others, for example he/she is in and out of the hospital, is there a mechanism to renegotiate the rate?

Roll Call

Next Conference call will be held on 04/21/06.